



RECREATION & CULTURE APPLICATION FOR EMPLOYMENT

WE THANK ALL THOSE WHO APPLY. ONLY THOSE SELECTED FOR AN INTERVIEW WILL BE CONTACTED.

Please print clearly and answer all questions.

LAST NAME: _____ FIRST NAME: _____ INITIALS: _____

ADDRESS: _____ APT.#: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: () _____ OTHER: () _____ EMAIL: _____

YES NO Are you legally eligible to work in Canada?

YES NO Do you have a valid Social Insurance Number? Refer to www.vaughan.ca/SeasonalRecJobs for more details.

YES NO Will you be between the ages of 16 and 64 for the duration of the program? (You must be 16 years of age to work for Recreation & Culture)

YES NO Are you presently employed in any other position by the City of Vaughan? If yes, position and location:

YES NO Have you been employed in the past by the City of Vaughan? If yes, position and location:

YES NO Do you have your current Standard First Aid Certificate? If 'yes', EXP. DATE: _____ **ATTACH PHOTOCOPY.**

YES NO Do you have your current Vulnerable Sector Screening? **ATTACH PHOTOCOPY or RECEIPT COPY.**

Complete **one application form** for **each position** that you are applying for. **RESUMES ARE STRONGLY RECOMMENDED.**

| | | |
|------------------------|----------------------|----------------------|
| POSITION APPLYING FOR: | PROGRAM APPLYING TO: | PREFERRED LOCATIONS: |
|------------------------|----------------------|----------------------|

| | | | | | | | | | | | | | | |
|--|---|---------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SEASON APPLYING FOR: | <input type="checkbox"/> Fall/Winter/Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Summer Camps | | | | | | | | | | | |
| DAY & TIME AVAILABLE TO WORK: Please check appropriate box(es). | MON | TUE | WED | THU | FRI | SAT | SUN | MON | TUE | WED | THU | FRI | SAT | SUN |
| DAYS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EVENINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EDUCATION: HIGHEST GRADE COMPLETED: _____ SCHOOL: _____

EMPLOYMENT HISTORY:

List below any volunteer or paid positions you have held related to the position you are applying for. Begin with the most recent.

EMPLOYED BY: _____ POSITION: _____ EMPLOYED From _____ to _____
MM/YY MM/YY

EMPLOYED BY: _____ POSITION: _____ EMPLOYED From _____ to _____
MM/YY MM/YY

QUALIFICATIONS: Please list qualifications/certificates related to the position for which you are applying. **NOTE: Attach photocopies.**

QUALIFICATIONS/CERTIFICATE: _____ EXPIRY DATE: _____
MM/YY

QUALIFICATIONS/CERTIFICATE: _____ EXPIRY DATE: _____
MM/YY

OTHER RELATED INTERESTS OR SKILLS: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I AUTHORIZE YOU TO MAKE SUCH INQUIRIES AS MAY BE DEEMED NECESSARY IN THE PROCESSING OF MY APPLICATION FOR EMPLOYMENT.

IT IS UNDERSTOOD AND AGREED ANY MISREPRESENTATION MADE BY ME IN CONNECTION WITH THIS APPLICATION MAY BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION OR, IF I HAVE BEEN EMPLOYED, CAUSE FOR SEPARATION.

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL ACT: R.S.O. 1980, C302, AS AMENDED, AND WILL BE USED TO DETERMINE QUALIFICATIONS FOR EMPLOYMENT WITH THE CORPORATION OF THE CITY OF VAUGHAN. QUESTIONS ABOUT THIS COLLECTION OF PERSONAL INFORMATION SHOULD BE DIRECTED TO THE CITY OF VAUGHAN HUMAN RESOURCES DEPARTMENT.

SIGNATURE: _____ DATE: _____

**PLEASE DROP OFF COMPLETED APPLICATIONS TO ANY LOCAL COMMUNITY CENTRE OR FAX TO THE CITY OF VAUGHAN AT 905-832-8550.
GO ONLINE AT: www.vaughan.ca/seasonalrecjobs FOR MORE INFORMATION.**